(g) T	he Montana	a Sta	tus	Indi	cato	or (S	I) C	ode	S	
Each APC,	CPT and HCPCS code has	been assig	ned a lett	er that sig	nifies whe	ether the	Montana	Facility Fe	ee Schedu	le
will reimbur	se the service and how it wil	l be reimbu	irsed. The	indicator	also help	s in deter	mining wh	nether pol	icy rules,	
	ckaging and discounting, app				•					
o areas per	g, sp,									
SI Code	SI (Status Indicator) Des	cription								
Α	Fee Schedules: Ambulance.									
В	Non-allowed item or service. Not a hospital service.									
D	Discontinued code.									
F	Acquisition costs paid for Corneal tissue acquisition; certain CRNA services and hepatitis B vaccines.									
G	Additional payment for Drug/Biological pass-through.									
Н	Additional payment for Pass-though device categories, brachytherapy sources, and radiopharmaceutical agents.									
K	Pass-through drugs and biologic	cals.								
L	Flu and other vaccines.									
N	No additional payment, payment included in line items with APCs for incidental service. (Packaged codes not paid separately).									
Р	Paid Partial hospitalization per diem payment.									
S	Significant procedure not subject to multiple procedure discounting.									
Т	Significant procedure, subject to 50% discount on second procedure									
X	Ancillary services.									